**Entry by Name Form - Athlete**

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| --- | --- | --- |
| **Delegation Form** | **Stamp** | **Signature** |
| COUNTRY:  |  |  |

|  |  |
| --- | --- |
| Please attach passport size photograph  | Please attach passport size photograph |
|
|

**ENTRY BY NAME**

|  |
| --- |
| **Family name:**  |
| **Given Name:**  |
| **Passport No:**  |
| **Special Dietary Requirements (gluten, lactose, etc.):**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Event**  | **Gender** | **Qualifying****(Performance)** | **Place & Date**  |
|  |  |  |  |
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**Please return this form to Mrs Jacqueline van de Werfhorst before 01 March 2014**

**Email:** **TIC@7thinasec.com**